

Jean Phillips, Deputy Administrator

**Authorized Signature**

**Number:** DMAP-IM-09-082

**Issue Date:** 06/19/2009

**Topic:** Medical Benefits

**Subject:** Changes to pharmacy prior authorization requirements effective July 1, 2009

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

**Message:**

DMAP will send the following announcements related to pharmacy policy changes taking place July 1, 2009:

1. A letter mailed to fee-for-service clients who have prescriptions for specific long-acting opioids that are subject to PA requirements. Starting July 1, fee-for-service clients can only have one prescription at a time for any long-acting opioids subject to PA, and the prescription must be for a covered diagnosis on the Prioritized List of Health Services.
2. A letter posted to the [OHP Provider Announcements](#) and [Pharmacy Provider Announcements](#) Web pages, and sent as an eSubscribe to subscribers to these pages. The letter, directed to prescribers and pharmacies, describes changes in PA requirements effective July 1.

For more information about pharmacy policy changes effective July 1, refer to the Pharmaceutical Services administrative rulebook posted at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	DMAP Provider Services		
<b>Phone:</b>	800-336-6016	<b>Fax:</b>	503-945-6873
<b>E-mail:</b>	dmap.providerservices@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services Division of Medical Assistance Programs

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice (503) 945-5772

FAX (503) 373-7689

TTY (503) 378-6791

June 19, 2009



To: Oregon Health Plan clients

From: Jean S. Phillips, Deputy Administrator  
Division of Medical Assistance Programs

Subject: "Open card" prescriptions for long-acting opioids

Our records show that sometime between May 1, 2009, and June 5, 2009, you had a prescription for one or more of the following long-acting opioid (LAO) drugs, and you are not enrolled in a managed care plan:

- Extended release form of Avinza, Duragesic, Kadian, Opana ER, or Oxycontin
- Similar generic drug (*e.g.*, fentanyl patch, oxymorphone or oxycodone)

Starting July 1, 2009, the Oregon Health Plan (OHP) will change coverage for fee-for-service, or "open card" prescriptions for these drugs:

- OHP will no longer cover two of these drugs at the same time.
- OHP will only pay for these drugs when they are prescribed for a condition listed above Line 503 on the Prioritized List of Health Services.
- When it is time to renew your prescription, your health care provider will have to contact the Oregon Pharmacy Call Center to see if OHP will pay for it.

These changes do not apply to short-acting versions of these drugs.

### **About OHP drug coverage:**

The Prioritized List of Health Services is a list of medical conditions and treatments. The most effective services are at the top of the list. The least effective are at the bottom. Your prescription should be for a medical condition listed between Lines 1 and 503 on the Prioritized List.

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OHP usually does not cover use of long-acting opioids for disorders such as fibromyalgia or back pain. However, OHP may pay for the drug if the non-covered disorder is connected to other covered medical conditions, such as spinal deformity. Your health care provider will know how this information applies to you.

**If your renewal is not approved:**

If DMAP does not approve your LAO renewal, you will get a Notice of Denial that explains your right to a hearing in case you disagree with the decision.

Your doctor may also be able to prescribe a different drug. Talk to your health care provider about your choices.

**Questions?**

- **If you have questions about this letter** – Call OHP Client Services at 1-800-273-0557.
- **If you need this letter in another language or a different format** – Call your worker.



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June 19, 2009

To: Prescribing Providers and Pharmacies

From: Jean S. Phillips, Deputy Administrator  
Division of Medical Assistance Programs

Subject: New PA requirements effective July 1, 2009



Beginning July 1, 2009, DMAP will require prior authorization (PA) for the following drugs:

- All long-acting opioids except generic long-acting morphine, levorphanol and methadone
- Daytrana, according to the dose limits for Central Nervous System (CNS) stimulants
- Selected laxatives (Amitiza, Relistor)

This letter highlights the changes taking place July 1. These changes only apply to drugs dispensed to Oregon Health Plan (OHP) clients on a fee-for-service basis.

### Long-acting opioids

Long-acting opioids subject to PA include extended release forms of Avinza, Duragesic, Kadian, Opana ER, and Oxycontin, and similar generic drugs (e.g., fentanyl patch, oxymorphone and oxycodone).

- OHP will no longer cover use of two of the above-listed drugs at the same time.
- When it is time to renew a prescription for a long-acting opioid, prescribers will have to contact the Oregon Pharmacy Call Center to see if OHP will pay for it.

For clients currently prescribed one of these long-acting opioids, the Call Center will approve prescriptions for one 6-month period. Future PA requests for long-acting opioids may be denied if the PA does not meet the following criteria:

- The prescription is for a covered diagnosis above line 503 on the Prioritized List of Health Services;
- The PA request documents contraindication or failure related to long-acting morphine; and
- The patient is not using any other long-acting opioids at the same time.

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If future PA requests for long-acting opioids are denied, covered alternatives include generic long-acting morphine, methadone, and levorphanol.

These changes do not apply to short-acting forms of these medications.

### **Daytrana now subject to CNS Stimulants dose limits**

Prescriptions for Daytrana (methylphenidate transdermal) now require PA through the Oregon Pharmacy Call Center.

- For all CNS stimulants, the Call Center will deny PA requests for prescriptions exceeding the FDA maximum dose or the following accumulative pediatric doses (per kilogram of patient weight):
  - 2 milligrams a day of methylphenidate products, or
  - 0.5 milligrams per kilogram a day of amphetamine products.
- For approved PA requests, patients must adhere to the per-day quantity outlined in the PA approval notice. If the dose is increased, prescribers must request a new PA; otherwise, Point of Sale claims will reject for “plan limitations.”

Prescriptions for Daytrana are limited to 1 dose per day, not to exceed 30 mg a dose.

### **Selected laxatives**

Amitiza (lubiprostone) and Relistor (methylnaltrexone bromide) now require PA through the Oregon Pharmacy Call Center.

- Alternatives to Amitiza and Relistor that **do not require PA** include lactulose, senna, sorbitol, polyethylene glycol (PEG, Miralax, Glycolax) and all other FDA-approved laxatives.
- PA documentation must indicate a covered diagnosis according to the Prioritized List of Health Services, and that other laxative alternatives have been tried and failed (*e.g.*, dietary modification, fiber supplementation, saline laxatives, and stimulant laxatives).

### **How to request PA**

Use the new Pharmacy and Oral Nutritional Supplement Request Form. This form is available on the DHS Web site at <http://dhsforms.hr.state.or.us/Forms/Served/OE3978.pdf>.

Prescribing providers may delegate any licensed medical personnel in their offices to call the Oregon Pharmacy Call Center at 888-202-2126. The Call Center also accepts faxed PA requests at 888-346-0178.

Additional information about prior authorization, a link to the new pharmacy PA form, and other helpful links are available on the Pharmaceutical Services provider guidelines page at [www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html).

**Questions?**

Contact Provider Services at 800-336-6016 or e-mail [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us).